

REQUEST FOR WRITE-OFF

Please use this form for each individual uncollectible debt.

AGENCY: _____ AGENCY NUMBER: _____

FUND: _____ FUND NUMBER: _____

PROGRAM/SUBPROGRAM: _____ PROGRAM NUMBER: _____

ACTIVITY DESCRIPTION: _____

DATE DEBT INCURRED: _____ AMOUNT: _____

1. Please indicate if this debt is:

- ☐ A private individual or corporation non-payment
- ☐ A not-for-profit organization non-payment
- ☐ An interagency debt – name other agency _____
- ☐ An intra-agency debt – name both units _____
- ☐ An uncollectible federal charge
- ☐ Other _____

2. Who has determined the debts to be uncollectible?

- ☐ Agency Director/Systems President/Campus Chancellor
- ☐ Agency Fiscal Officer/Campus Budget Officer
- ☐ Program Director/Division Head/Dean/Department Chair
- ☐ Agency Legal Counsel
- ☐ Other, list title/position _____

3. The debts are not collectible because:

- ☐ Bankruptcy
- ☐ Cannot be Located
- ☐ Deceased with no Assets
- ☐ Other _____

4. The agency has attempted to collect the debts by the following methods. Please check all methods used and attach any supporting documentation (e.g. a letter from the Attorney General's Office, etc.).

- ☐ Letter from agency to debtor
- ☐ Telephone call
- ☐ Letter from Agency Legal Counsel
- ☐ Personal Visit
- ☐ Outside Collection Agency
- ☐ Attorney General's Office
- ☐ Other, please indicate _____

AGENCY CONTACT PERSON: _____ TITLE: _____

EMAIL: _____ PHONE: _____